



02-a-05

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

HERBERT

Serial No.: 10/089,398

Filed: July 15, 2002

Atty. File No.: 1037BAS-1

For: "SYRINGE DISPOSAL DEVICE"

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

) Group Art Unit: 3728

)

) Examiner: Shian Tinh Nhan Luong

)

) AMENDMENT AND RESPONSE

)

) "EXPRESS MAIL" MAILING LABEL NUMBER: EV 331288214 US
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) BOX 1450, ALEXANDRIA, VA 22313-1450

TYPED OR PRINTED NAME: Brenda Carpenter

SIGNATURE: Brenda Carpenter

Dear Sir:

Applicant submits this Amendment and Response to address the Office Action having a mailing date of September 2, 2004. Enclosed herewith is a petition for a two-month extension of time, thereby extending the time period for response from December 2, 2004 to February 2, 2005, as well as a check in the amount of \$450.00 as the fee for such extension. Please credit any overpayment or charge any underpayment to Deposit Account No. 19-1970.

Please amend the above-identified patent application as follows:

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/089398

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR:	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20 =	*
INDEPENDENT CLAIMS	1 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	10	Minus	20
	Independent	3	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	1040
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	200
+140=		OR	+280=	
TOTAL		OR	TOTAL	200
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	9	Minus	20
	Independent	4	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	
	Independent		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.